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For Immediate Release

THE WHITE HOUSE
Office of the Press Secretary
FACT SHEET: U.S. Response to the Ebola Epidemic in West Africa

As the President has stated, the Ebola epidemic in West Africa and the humanitarian crisis there is a top national security priority for the United States. In order to contain and combat it, we are partnering with the United Nations and other international partners to help the Governments of Guinea, Liberia, Sierra Leone, Nigeria, and Senegal respond just as we fortify our defenses at home. Every outbreak of Ebola over the past 40 years has been contained, and we are confident that this one can – and will be – as well.

Our strategy is predicated on four key goals:

- Controlling the epidemic at its source in West Africa;
- Mitigating second-order impacts, including blunting the economic, social, and political tolls in the region;
- Engaging and coordinating with a broader global audience; and
- Fortifying global health security infrastructure in the region and beyond.

The United States has applied a whole-of-government response to the epidemic, which we launched shortly after the first cases were reported in March. As part of this, we have dedicated additional resources across the federal government to address the crisis, committing more than \$175 million to date. We continue to work with Congress to provide additional resources through appropriations and reprogramming efforts in order to be responsive to evolving resource needs on the ground. Just as the outbreak has worsened, our response will be commensurate with the challenge.

New Resources to Confront a Growing Challenge

The United States will leverage the unique capabilities of the U.S. military and broader uniformed services to help bring the epidemic under control. These efforts will entail command and control, logistics expertise, training, and engineering support.

- U.S. Africa Command will set up a Joint Force Command headquartered in Monrovia, Liberia, to provide regional command and control support to U.S.

military activities and facilitate coordination with U.S. government and international relief efforts. A general from U.S. Army Africa, the Army component of U.S. Africa Command, will lead this effort, which will involve an estimated 3,000 U.S. forces.

- U.S. Africa Command will establish a regional intermediate staging base (ISB) to facilitate and expedite the transportation of equipment, supplies and personnel. Of the U.S. forces taking part in this response, many will be stationed at the ISB.
- Command engineers will build additional Ebola Treatment Units in affected areas, and the U.S. Government will help recruit and organize medical personnel to staff them.
- Additionally, the Command will establish a site to train up to 500 health care providers per week, enabling healthcare workers to safely provide direct medical care to patients.
- The United States Public Health Service Commissioned Corps is preparing to deploy 65 Commissioned Corps officers to Liberia to manage and staff a previously announced Department of Defense (DoD) hospital to care for healthcare workers who become ill. The deployment roster will consist of administrators, clinicians, and support staff.

Simple and scalable strategies that complement the use of Ebola Treatment Units are urgently required to disrupt the disease's transmission. A community- and home-based strategy that supports household and communities is a critical step to moving forward:

- USAID is supporting a Community Care Campaign, which will provide communities and households with protection kits, appropriate information and training on how to protect themselves and their loved ones. In partnership with the United Nations Children Fund, the Paul Allen Family Foundation, and other key partners, we will immediately target the 400,000 most vulnerable households in Liberia. The package will subsequently be scaled to cover the country and the broader region.
- As part of this effort, this week, USAID will airlift 50,000 home health care kits from Denmark to Liberia to be hand-delivered to distant communities by trained youth volunteers.

A Complement to Efforts To-Date

Applying this whole-of-government approach, we have been engaged on this outbreak since March when the first cases were reported in West Africa. We currently have in the affected countries more than 100 specialists from multiple U.S. departments and agencies, including the Departments of State and Health and Human Services (HHS), the CDC, the U.S. Agency for International Development (USAID), and DoD. We also are working intensively on this effort with the United Nations, including the World Health Organization, the governments of the affected countries, and other partners, including the United Kingdom, France, Germany, Norway, the Africa Union, and European Union.

- To date we have spent more than \$100 million to address this challenge, including the purchase of personal protective equipment, mobile labs, logistics and relief commodities, and support for community health workers. USAID also has announced plans to make available up to \$75 million in additional funding to increase the number of Ebola treatment units, provide more personal protective equipment, airlift additional medical and emergency supplies, and support other Ebola response activities in collaboration with the UN, including the World Health Organization, and international partners.
- CDC has provided on the ground expertise in the largest international response in its history. More than 100 CDC personnel are on the ground in West Africa, and hundreds of personnel at their Emergency Operations Center in Atlanta have provided around the clock logistics, staffing, communication, analytics, management, and other support functions. The Administration has asked Congress for an additional \$30 million to send additional response workers from the CDC as well as lab supplies and equipment
- In August, USAID deployed a Disaster Assistance Response Team (DART) to West Africa to coordinate and prioritize the U.S. government's response to the outbreak. The DART assesses and identifies priority needs and coordinates key areas of the response, such as planning, operations, and logistics. The 28-member DART team is comprised of staff from USAID, CDC, DoD, and the U.S. Forest Service. The DART will be airlifting 130,000 sets of personal protective equipment to ensure that health care workers have the resources needed to safely do their jobs. The DART is also in the process of procuring generators that will provide electricity to Ebola treatment units and other response facilities.
- The National Institutes of Health (NIH) is developing an investigational Ebola vaccine, including recently starting phase 1 clinical trials, as well as supporting efforts to develop additional Ebola antivirals and therapeutics candidates. The

Administration has asked Congress for an additional \$58 million to support the development and manufacturing of Ebola therapeutic and vaccine candidates through Biomedical Advanced Research and Development Authority.

- In addition to the measures announced today, DoD plans to send a field-deployable hospital to Liberia and has provided more than 10,000 Ebola test kits to the Liberian Institute of Biological Research and to Sierra Leone's Kenema Government Hospital. DoD also has provided personal protective equipment and training to local medical professionals in affected regions.
- DoD also has requested to reprogram \$500 million in Fiscal Year 2014 Overseas Contingency Operations funds for humanitarian assistance, a portion of which will be used to fulfill requirements identified by CDC, USAID, the Joint Staff, and U.S. Africa Command to provide military air transportation of DoD and non-DoD personnel and supplies; medical treatment facilities (e.g. isolation units), personnel protective equipment, and medical supplies; logistics and engineering support, and; subject matter experts in support of sanitation and mortuary affairs.
- DoD's Cooperative Threat Reduction program is redirecting \$25 million to provide personal protective equipment and laboratory reagents, support for technical advisors, and other requests as validated by the DART. DoD has also requested to reprogram an additional \$60 million to enable the CTR program to address urgent biosafety, biosecurity, and biosurveillance needs in the three countries most affected by the Ebola outbreak, as well as bolster the capabilities of neighboring countries and other partners in Africa.
- Last month, USAID airlifted more than 16 tons of medical supplies and emergency equipment to Liberia, including: 10,000 sets of personal protective equipment, two water treatment units and two portable water tanks capable of storing 10,000 liters each, and 100 rolls of plastic sheeting which can be used in the construction of Ebola treatment units. Additionally, in late August the DART airlifted 5,000 body bags to step up support for the safe removal and transport of the bodies of Ebola victims and 500 infrared thermometers to bolster Ebola screening efforts. These supplies will be distributed and used by the WHO and Liberian Ministry of Health and Social Welfare.
- USAID and the State Department are providing up to \$10 million to support the deployment of an African Union mission sending more than 100 health care

workers to the region. The State Department also has encouraged other governments to increase assistance; coordinate delivery of critical resources, including personnel, equipment, and medical supplies; and encourage airlines operating in the region to maintain or reinstate service while ensuring appropriate precautions.

- Additionally, the State Department has supported public education efforts in Liberia, Sierra Leone, and Guinea regarding prevention and treatment of the disease. The effort has included radio and television messages in local languages, the production of nearly 100 billboards and thousands of posters, program support to local non-governmental organizations and a special song commissioned by a popular local musician.
- Earlier this month, President Obama released a message to the people of West Africa to reinforce the facts and dispel myths surrounding Ebola. The video was transcribed into French, Portuguese, and other local languages and was distributed to television and radio stations across the region. Tens of thousands of West Africans viewed or listened to the message.

Screening Efforts Overseas

In addition to our efforts to help the affected West African countries bring this outbreak under control, we have taken steps to fortify against the introduction of Ebola cases into the United States. It is important to note that Ebola is not highly contagious like the flu; to the contrary, the virus is spread through direct contact with the blood or body fluids of a symptomatic individual.

- CDC is working closely with Customs and Border Protection and other partners at ports of entry – primarily international airports – to use routine processes to identify travelers who show signs of infectious disease. In response to the outbreak, these processes have been enhanced through guidance and training. If a sick traveler is identified during or after a flight, the traveler will be immediately isolated, and CDC will conduct an investigation of exposed travelers and work with the airline, federal partners, and state and local health departments to notify them and take any necessary public health action.
- CDC is assisting with exit screening and communication efforts in West Africa to prevent sick travelers from boarding planes. It also has issued interim guidance about Ebola virus infection for airline flight crews, cleaning personnel, and cargo personnel.

- CDC also has issued advice for colleges, universities, and students about study abroad, foreign exchange, and other education-related travel, as well as advice for students who have recently traveled from a country in which an Ebola outbreak is occurring. Similarly, CDC has developed recommendations for humanitarian aid workers traveling to Guinea, Liberia, Nigeria, and Sierra Leone during the Ebola outbreaks in these countries. The recommendations include steps to take before departure, during travel, and upon return to the United States.

Preparedness at Home

Despite the tragic epidemic in West Africa, U.S. health professionals agree it is highly unlikely that we would experience an Ebola outbreak here in the United States, given our robust health care infrastructure and rapid response capabilities. Nevertheless, we have taken extra measures to prevent the unintentional importation of cases into the United States, and if a patient does make it here, our national health system has the capacity and expertise to quickly detect and contain this disease.

- CDC has worked to enhance surveillance and laboratory testing capacity in states to detect cases and improve case finding. CDC is developing guidance and tools for health departments to conduct public health investigations and improve health communication and continues to update recommendations for healthcare infection control and other measures to prevent the disease from spreading. Similarly, HHS' Office of the Assistant Secretary for Preparedness and Response and CDC are providing guidance documents to hospitals and other health care partners to support preparedness for a possible Ebola case.
- CDC also has prepared U.S. healthcare facilities and emergency medical service systems to safely manage a patient with suspected Ebola virus disease. CDC communicates with healthcare workers on an ongoing basis through the Health Alert Network, the Clinician Outreach and Communication Activity, and a variety of other existing tools and mechanisms. CDC developed Interim Guidance for Monitoring and Movement of Persons with Ebola Virus Disease Exposure to provide public health authorities and other partners with a framework for evaluating people's level of exposure to Ebola and initiating appropriate public health actions on the basis of exposure level and clinical assessment.
- The Food and Drug Administration is monitoring for fraudulent products and false product claims related to the Ebola virus and is prepared to take enforcement actions, as warranted, to protect the public health.

Securing the Future

The Ebola epidemic reminds us that our global efforts to build the capacity to prevent, detect, and rapidly respond to infectious disease threats like Ebola have never been more vital. In February, we came together with nations around the world to launch the Global Health Security Agenda (GHSA) as a five year effort to accelerate action.

- CDC is contributing to the GHSA by partnering with nations around the world to help them establish measurable global health security capacity. This includes core CDC partnership programs like the Global Disease Detection Centers and Field Epidemiology Training Program, which enable the laboratory systems, disease surveillance workforce, emergency operations center capacity, and biosafety and biosecurity best practices required to counter Ebola and other biological threats.
- Over the next five years the United States has committed to working with at least 30 partner countries to invest in model systems to advance the Global Health Security agenda. CDC and DoD will work with other U.S. agencies and partner countries to establish emergency operations centers, build information systems, and strengthen laboratory security to mitigate biological threats and build partner capacity.

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